

Symposium

Introduction

Mary Fran Tracy, PhD, RN, APRN,
CCNS, FCNS, FAAN
Symposium Editor

Case Reports in Critical Care

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The use of case studies and case reports can be beneficial for both students and practicing professionals as a means to recall concepts and context more readily. They can promote critical thinking, analysis, judgment, and the ability to take decisive action.¹ Case reports summarize unique patient presentations including signs and symptoms, approaches to diagnosis, decision-making among treatment options, and ultimately, patient outcomes. They are especially useful for expanding knowledge in real-life context; although they are not widely generalizable, they can facilitate early recognition of similar cases.^{2,3}

This symposium is a series of 4 diverse case reports with the goal to provide insight and learnings into unique patient situations in the intensive care unit (ICU). Blush initiates the series by describing the case of a patient requiring aggressive treatment of a severe asthma exacerbation. Throughout the treatment course, the patient exhibited hypokalemia and rising lactate levels. Blush discusses the challenges in differentiating the cause of the lactic acidosis between the acute clinical condition or an effect from the β -adrenergic agonist albuterol.

McGeehan and Berninger explore the intertwining of autonomy and vulnerability in critically ill and injured patients, particularly those who must rely on others to make decisions on their behalf. The authors describe the case of a young woman with a severe spinal cord injury and the role of care teams and ethics committee members in stabilizing the balance between autonomy and vulnerability when surrogate decision-makers are involved.

Although it is well known that early mobility in the ICU can mitigate ICU-acquired weakness and loss of function, it is still challenging to initiate early mobility in critically ill patients, particularly for those who have barriers such as invasive devices or necessary prolonged bedrest. Mall and colleagues provide a case report of the potential for the novel and creative use of virtual reality (VR) to overcome barriers to facilitate early mobility. They describe a multi-disciplinary research team approach to evaluate the requirements for use of VR in the ICU and patient feedback on their VR experience.

Finally, McCarthy presents a rare case of fatal disseminated *Streptococcus pneumoniae* infection in an immunocompetent woman. The author describes the progression of disease in this case from initial upper respiratory infection symptoms to rapid development of neurologic sequelae due to *S pneumoniae* meningitis. McCarthy offers considerations for rapid diagnosis and intervention in this highly morbid diagnosis.

Mary Fran Tracy is Associate Professor, Assistant Dean for the PhD Program, and Director of Graduate Studies, University of Minnesota School of Nursing, 5-140 Weaver-Densford Hall, 308 Harvard St SE, Minneapolis, MN 55455 (tracy005@umn.edu).

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While these case reports may appear disparate in their specific content, each highlights patients and situations that could be encountered in any critical care setting. We hope that you find value in reading them and considering how you can incorporate learnings for the patients in your setting.

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